



THE UNIVERSITY OF THE WEST INDIES
School for Graduate Studies and Research
APPLICATION FOR GRADUATE PROGRAMMES

FOR OFFICIAL USE							

The accompanying Instruction sheet provides detailed information on the completion of this application form. All applicants are urged to read this information carefully.

SECTION A – PERSONAL DATA

1. Name							
Title	Surname/Last Name			First Name		Middle Name(s)	
2. Former Name(if applicable)							
(a) Title	Surname/Last Name		First Name		Middle Name(s)		2(b) <input type="checkbox"/> Maiden <input type="checkbox"/> (Prior to) Deed Poll
3. Have you previously applied to the UWI? <input type="checkbox"/> Yes <input type="checkbox"/> No			5. If answer to question 4 is yes, please state the following:				
4. Have you previously been a student at the UWI? <input type="checkbox"/> Yes <input type="checkbox"/> No			(a) Identification Number		(b) From (year)	(c) To (year)	(d) Campus
			(e) Programme				
6. Gender <input type="checkbox"/> Female <input type="checkbox"/> Male				7. Date of Birth (dd/mm/yyyy) ____/____/____		8. Tax Number/National I.D.	
9. Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common Law <input type="checkbox"/> Legally Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			10. Religion/Denomination				
11(a). Do you have a disability? (This information is needed in case special facilities are required) <input type="checkbox"/> Yes <input type="checkbox"/> No				(b) If yes, please specify			
12. Country of Birth/National of			13. Country of Citizenship			14(a) Country of Residence	(b) Duration (years)
15. Country of Responsibility for Fees (see Instruction sheet)			16. Father's Nationality			17. Mother's Nationality	
18(a) Are you a UWI Staff Member? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state: (b) Staff Identification Number: _____ (c) Campus & Department: _____				19(a) Are you a dependent of a UWI Staff Member? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state the following for the Staff Member: (b) Name & Relationship: _____ (c) Campus & Department: _____			
20. Please list any sporting/community/cultural or social activities in which you have been involved.							
21. How did you obtain information about the UWI? <input type="checkbox"/> UWI Alumni <input type="checkbox"/> Direct Mail <input type="checkbox"/> Employer <input type="checkbox"/> Internet <input type="checkbox"/> Media <input type="checkbox"/> Other : Please specify _____							

SECTION B – APPLICANT CONTACT INFORMATION

22.(a) Permanent Address: Apt/Street/PO Box				23.(a) Mailing Address (If different from 22) Apt/Street/PO Box			
City/Town/Post Office		Parish/ County		City/Town/Post Office		Parish/ County	
State	Zip Code/Postal Code	Country		State	Zip Code/Postal Code	Country	
(b) Name of Contact (if any)				(b) Name of Contact (if any)		(c) Active Dates (if applicable) From ____/____/____ To ____/____/____	

Applicant Telephone & Email Information		Emergency Contact Information:			
24. Home/Permanent Phone () -		30. Name			
25. Mailing Address Phone () -		Title	Surname/Last Name	First Name	Middle Initial
26. Cell Phone () -		31. Relationship of Contact			35. Permanent Address: Apt/Street/PO Box
27. Work Phone () - Ext		32. Emergency Contact Home Phone () -			
28. Fax Number () -		33. Emergency Contact Cell Phone () -			
29. E mail Address Personal:		34. Emergency Contact Work Phone () - Ext			City/Town/Post Office
Business:					Parish/ County
					State
					Zip Code/Postal Code
					Country

SECTION C – CHOICE OF CAMPUS & PROGRAMME

36. Expected Date of Entry: / / mm/year	37. Choice of Campus <input type="checkbox"/> Cave Hill <input type="checkbox"/> Mona <input type="checkbox"/> St Augustine <input type="checkbox"/> Open Campus	38. Mode of Delivery (if applicable) <input type="checkbox"/> Online <input type="checkbox"/> Distance	39. Status <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
40. Faculty		41. Department/Centre	
42. Type of Programme: <input type="checkbox"/> EMBA <input type="checkbox"/> MBA <input type="checkbox"/> MHRM <input type="checkbox"/> MSW <input type="checkbox"/> MD <input type="checkbox"/> DM <input type="checkbox"/> MPH <input type="checkbox"/> MA <input type="checkbox"/> MEd <input type="checkbox"/> MLS <input type="checkbox"/> MFA <input type="checkbox"/> LLM <input type="checkbox"/> MSc <input type="checkbox"/> MPhil <input type="checkbox"/> PhD <input type="checkbox"/> PG Diploma <input type="checkbox"/> DBA			
43. Name of Programme:		44. Specialization (if applicable):	

To be completed only by applicants to the MPHIL, PHD, DBA & MD programmes.

45. Proposed field of research: <i>(state briefly here and attach a short Research Proposal).</i>
46. Have you done any research in the proposed field of study <i>(if yes please enclose details on a separate sheet of paper).</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
47. Details of Publications Give <u>Titles</u> , Names of Journals and <u>Dates</u> . <i>(Give the details on a separate sheet of paper):</i>

SECTION D – ACADEMIC RECORD

48. (a) Non-UWI graduates must arrange to have degree granting Institution(s) send transcripts to the Assistant Registrar, Graduate Studies & Research. Transcripts not in English **must** be accompanied by a certified English translation.

Name & Address of Institution	Cert/Deg/Dip/ Professional Qual.	From/To	Class of Honours/GPA	Major/Minor/ Subject Area	Date of Award
(i)		From:			
		To:			
(ii)		From:			
		To:			
(iii)		From:			
		To:			
(iv)		From:			
		To:			

(b) Professional experience including teaching experience (*give details including dates*).

(c) Research experience (*if any*):

(d) State major accomplishments including prizes, academic or professional distinctions, awards and honours:

49. List Academic programmes or examinations for which you are preparing or awaiting examination results.

COURSE/PROGRAMME	NAME & ADDRESS OF INSTITUTION	EXPECTED DATE OF AWARD (dd/mm/yyyy)

SECTION E - EMPLOYMENT RECORD

50. Are you currently self employed? Yes No If yes, please state type of Business:

List employment information starting with your current job

(a) Name of Employer				(b) Name of Employer			
Position				Position			
Telephone Number				Telephone Number			
Address: Apt/Street/PO Box				Address: Apt/Street/PO Box			
City/Town/Post Office		Parish/ County		City/Town/Post Office		Parish/ County	
State	Zip Code/Postal Code	Country		State	Zip Code/Postal Code	Country	
From ___/___/___		To ___/___/___		From ___/___/___		To ___/___/___	
(c) Name of Employer				(d) Name of Employer			
Position				Position			
Telephone Number				Telephone Number			
Address: Apt/Street/PO Box				Address: Apt/Street/PO Box			
City/Town/Post Office		Parish/ County		City/Town/Post Office		Parish/ County	
State	Zip Code/Postal Code	Country		State	Zip Code/Postal Code	Country	
From ___/___/___		To ___/___/___		From ___/___/___		To ___/___/___	

SECTION F – FINANCIAL RESOURCES

51. Source of Funding

Government (specify): _____ Loan Parents Self

Donor (specify): _____ Award (specify): _____

SECTION G – REFEREE INFORMATION

52. Name Two Referees

Names & Addresses of two academic referees (including at least one of your past University lecturers/research supervisors). Applicants with relevant work experience must nominate a person with knowledge of their employment activity to act as one of their referees. Referees must submit a confidential assessment of the applicant on the *Referee's Report - Admission* form (available on the website of the Campus Office of Graduate Studies and Research).

(a) Name of Referee			(b) Name of Referee		
Name of Organization			Name of Organization		
Position			Position		
Address: Apt/Street/PO Box			Address: Apt/Street/PO Box		
City/Town/Post Office			City/Town/Post Office		
Parish/ County			Parish/ County		
State	Zip Code/Postal Code	Country	State	Zip Code/Postal Code	Country

SECTION H – PROGRAMME SPECIFIC INFORMATION

53. To be completed only by applicants to the Human Resource Development and Schools of Business Programmes.

(a) Job Title of immediate Supervisor: _____

(b) No. of persons reporting to you directly: _____ (c) Indirectly: _____

(d) State how this area of study fits into your career plans:

(e) How will this programme enhance the development of your organization?

(f) What do you consider your strengths and limitations in relation to your desire to pursue the degree indicated?

(g) SUBJECT MATTER COMPETENCE (Please indicate the highest level to which you studied each subject and the grade obtained).

Subject	Highest Level Studied: "O" or "A" Level; Minor/ Major at Tertiary Level	Most Recent grade obtained	Assessment of competence: (No exposure, Fair, Adequate, Good, Proficient)
Accounting			
Economics			
Mathematics			
Statistics			
Computer Applications			
Foreign Language(s) specify			

(h) Describe clearly and concisely, your reasons for applying for admission to the programme selected, the contribution which you expect it to make to your personal and professional development, and the contribution you anticipate making to the learning process.

(i) Describe clearly and concisely, your major strengths in undertaking graduate studies, the factors which could impede your performance and the steps which you intend to take to offset the impact of such factors.

54. To be completed only by applicants to the PG Diploma in Education.

(a) Present Post (e.g. Teacher II, Vice-Principal, Principal):		
(b) Present School Name & Address:	(c) Select the subject you wish to be trained to teach:	
(d) How many periods per week of the subject named above do you presently teach:		
(e) How many periods per week of this subject are you likely to teach during the course:		
(f) Teaching record and subjects taught, <u>including present post</u> :		
Date	School	Subject(s) Taught

SECTION I - DECLARATIONS

DECLARATION OF THE CEO OF ORGANISATION

55. To be completed by applicants to the Schools of Business, and Mona HRD and MIS programmes	
This application is being made with my full knowledge and approval. I undertake to give this employee sufficient time off from work to permit effective participation in this programme	
Name of CEO	Title
Signature	Name of Organisation

DECLARATION OF APPLICANT

56. I certify that the facts stated are correct and I declare that I am willing to study for such period under such general supervision as the Senate may appoint, and that I am not registered and have not applied to register as an Internal or External Student of any other University or for any other degree in this University.	
_____ Signature of Applicant	_____ Date (dd/mm/yyyy)

DOCUMENT CHECKLIST

Your application will not be processed until all supporting documents are received:

All Applicants

- Application form fully completed in duplicate (applicable only to candidates submitting **paper applications**)
- Receipt of payment of Non-Refundable Application Fee (applicable only to candidates submitting **paper applications**)
- Marriage Certificate (where applicable)
- Legal Affidavit or Deed Poll if present name is different from that on the Birth Certificate
- Professional Certificates/Diplomas obtained from other Institutions
- Two (2) referee reports
- Research Proposal (M.Phil., Ph.D. DBA and M.D. applicants only)
- Curriculum Vitae (Schools of Business applicants only)
- Confirmation of Employment (applicants only to Engineering programmes)

Additional documents for Non-UWI Graduates

- Birth Certificate
- Transcripts of previous degrees
- TOEFL Score of 500 or greater (if English is not your first Language)

FOR OFFICIAL USE ONLY:

Information to be supplied by the Head of Department/Centre to which entry is being sought.			
A. Is the applicant acceptable for entry? <input type="checkbox"/> Yes <input type="checkbox"/> No			
B. Should the applicant be required to sit:			
i) Qualifying Examinations? <input type="checkbox"/> Yes <input type="checkbox"/> No		ii) Departmental Examinations? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, give details below			
COURSES FOR EXAMINATIONS			
QUALIFYING		DEPARTMENTAL	
Course Code	Course Title	Course Code	Course Title

For MPhil, PhD, DBA and MD applicants only:

<p>C. Proposed Supervisor:</p> <p>Name: _____</p> <p>Position: _____</p> <p>Area of Specialisation: _____</p>	<p>Proposed Co-Supervisor:</p> <p>Name: _____</p> <p>Position: _____</p> <p>Area of Specialisation: _____</p>
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D. Proposed Committee of Advisors:

Name: _____	Name: _____
Position: _____	Position: _____
Area of Specialisation: _____	Area of Specialisation: _____

Name: _____
Position: _____
Area of Specialisation: _____

E Do adequate facilities/materials for research work exist? Yes No

F If the answer is No, please state reason/s briefly:

Signature: _____ Programme Coordinator	Date: _____
Signature: _____ Proposed Supervisor (for MPhil, PhD, DBA and MD applicants)	Date: _____
Signature: _____ Head of Department/Centre	Date: _____
Signature: _____ Chairman, Campus Committee for Graduate Studies & Research	Date: _____